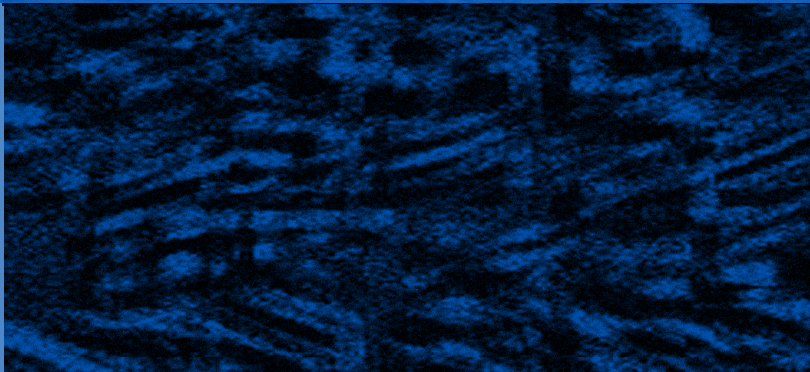


APPENDIX A

Resources



APPENDIX A. RESOURCES

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Strengthening America’s Families Project:93

Exemplary, Model,and Promising Programs

The University of Utah,Department of Health Promotion

and Education, Salt Lake City, Utah,funded by the U.S.

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Other Resources

In your own state, check with your state department of health and human services, division of alcohol and drug abuse prevention for existing resources.

The Center for the Study and Prevention of Violence, located at the University of Colorado at Boulder, has identified 10 violence prevention programs that met a high scientific standard of effectiveness; most have also demonstrated effectiveness in preventing or reducing substance abuse among youth. These 10 programs are described in a series called *Blueprints for Violence Prevention*. The *Blueprints* contain information on the theoretical rationale, targeted risk and protective factors, target population, core program elements, planning and implementation issues, evaluation designs and results, and other relevant information.

More information can be obtained from the Center for the Study and Prevention of Violence at the following address:

CSPV

University of Colorado at Boulder

Campus Box 442

Boulder, CO 80309-0442

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In 1995, The University of Utah, Department of Health Promotion and Education, in Salt Lake City, Utah, was awarded a cooperative agreement from the U.S. Office of Juvenile Justice and Delinquency Prevention. The goal of the Strengthening America's Families project is to identify and disseminate information about model family strengthening programs for the prevention of delinquency and other problems in youth. A World Wide Web Home Page (<http://www.strengtheningfamilies.org>) includes literature reviews, model program descriptions, and links to other web sites.

To be on a mailing list or to receive other information, please call (801) 581-7718. Or write to: Rose Alvarade, Dept. of Health Promotion and Education, University of Utah, 215 HPER-N, Salt Lake City, UT 84112 or e-mail to fsp@health.utah.edu with your request.

Descriptions of programs identified by the project follow.



Strengthening America's Families Project

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July 21, 1999

Thank you for your interest in the Strengthening America's Families Project, which was funded in 1995 by the Office of Juvenile Justice and Delinquency Prevention and sponsored by the University of Utah. During the course of this three-year technical assistance and training cooperative agreement, 34 family strengthening programs were identified by a panel of experts as "best practice" and disseminated nationwide. As part of this dissemination effort, a project web site was developed, two national training conferences were conducted, 12 regional program training workshops were offered, 10 mini grants were awarded, and extensive technical assistance was offered.

One of the goals of the project has been to close the gap between the scientific work reported in the research literature and the number of science-based programs actually implemented in communities across America. The project encourages service providers during their program selection process to strongly consider "best practice" approaches. These are approaches that are grounded in scientific research and have outcome results that demonstrate their effectiveness. We hope that the project has contributed to the progress nationwide in regards to informing our communities that family-based prevention works.

Again, we thank all of you who have made the commitment to strengthening families in your community. We share that commitment and believe that strengthening families is the key to reducing juvenile delinquency.

Rose Alvarado, Ph.D

Project Director

Program List

Exemplary Programs

Functional Family Therapy	6–18 Years	Family Therapy
Helping the Noncompliant Child	3–7 Years	Parent Training
The Strengthening Families Program for Parents and Youth 10–14	10–14 Years	Family Skills Training
Multisystemic Therapy Program	10–18 Years	Comprehensive
Parents and Children Training Series: The Incredible Years Training	3–10 Years	Comprehensive
The Prenatal & Early Childhood Nurse Home Visitation Program	0–5 Years	Family-In Home Support
Preparing for the Drug Free Years	8–14 Years	Parent Training
Raising a Thinking Child: I Can Problem Solve Program for Families	4–7 Years	Parent Training
Strengthening Families Program	6–10 Years	Family Skills Training
Structural Family Therapy	0–18 Years	Family Therapy
Treatment Foster Care (TFC)	12–18 Years	Parent Training

Model Programs

CEDEN Family Resource Center	0–5 Years	Family In-Home Support
CICC's Effective Black Parenting	2–18 Years	Parent Training
Families and Schools Together (FAST) Program	3–14 Years	Comprehensive
Focus on Families	3–14 Years	Parent Training
Healthy Families Indiana	0–5 Years	Comprehensive
Home Instruction Program for Preschool Youngsters (HIPPY)	3–5 Years	Family In-Home Support
Home-Based Behavioral Systems Family Therapy	6–18 Years	Family Therapy

HOMEBUILDERS	0–18 Years	Comprehensive
MELD	0–5 Years	Parent Training
Nurturing Parenting Program	1–18 Years	Family Skills Training
Parents Anonymous	0–18 Years	Comprehensive
The NICASA Parent Project	0–18 Years	Parent Training
Parenting Adolescents Wisely	6–18 Years	Parent Training
Strengthening Hawaii Families	5–12 Years	Family Skills Training

Promising Programs

Bethesda Family Services Foundation	10–18 Years	Comprehensive
Birth To Three	0–10 Years	Parent Training
Families in Focus	8–14 Years	Family Skills Training
Family Support Program	12–15 Years	Parent Training
First Steps/Fremont County Family Center	0–5 Years	Family In-Home Support
Health Start Partnership & CARES Parenting Program	0–5 Years	Comprehensive
Home Base Program/Coordinated Children's Services Initiative	0–18 Years	Comprehensive
Project SEEK	0–18 Years	Comprehensive
Strengthening Multi-Ethnic Families and Communities	3–18 Years	Parent Training

Functional Family Therapy

Exemplary Program

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Family Therapy
6–18 Years

Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for acting-out youth. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families. Other goals include helping family members identify what they desire from each other, identifying possible solutions to family problems, and developing powerful behavior change strategies. Although originally designed to treat middle class families with delinquent and “pre-delinquent” youth, the program has recently included poor, multi-ethnic, multi-cultural populations, with very serious problems such as conduct disorder, adolescent drug abuse, and violence.

The program is conducted by family therapists working with each individual family in a clinical setting, which is standard for most family therapy programs; more recent programs with multiproblem families involve in-home treatment. The model includes four phases: (1) an introduction/ Impression Phase; (2) a Motivation (Therapy) Phase; (3) a Behavior Change Phase; and (4) a Generalization (more multisystem focused) Phase. Each phase includes assessment, specific techniques of intervention, and therapist goals and qualities. The intervention involves a strong cognitive/attributional component which is integrated into systemic skill-training in family communication, parenting skills, and conflict management skills.

The FFT model has been evaluated many times beginning in 1971. The model's effectiveness has been independently demonstrated with a between-groups design, and its impact asserted at additional performance sites. FFT has demonstrated a significant reduction in recidivism when compared to alternative treatments and no treatment conditions. With less serious offenders, reductions ranged from 50-75%, and with very severe cases a 35% reduction in re-offense rate. These outcomes have also been associated with dramatically reduced treatment costs. In addition to outcome evaluations, FFT has focused on in-session therapist characteristics and family interaction processes, which are predictive of positive change. The most notable process changes appear to be in family communications patterns, especially the negative/blaming communications patterns. Process and outcome data demonstrate that therapists must be relationally sensitive and focused, as well as capable of clear structuring, in order to produce significantly fewer drop-outs and lower recidivism.

Helping the Noncompliant Child

Exemplary Program

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Parent Training
3-7 Years

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The Helping the Noncompliant Child parent training program by Forehand and McMahon (1981) is based on a parent training program originally developed by Dr. Constance Hanf. The long-term goals of the parent training program are: secondary prevention of serious conduct problems in preschool and early elementary school-aged children and the primary prevention of subsequent juvenile delinquency. Short-term and intermediate objectives include: a) disruption of coercive styles of parent-child interaction and establishment of positive, prosocial interaction patterns, b) improved parenting skills, c) increased child prosocial behaviors and decreased conduct problem behaviors. The program is designed for parents and their 3-8 year old children with noncompliance and/or other conduct problems. It has also been used with other high risk populations of children and parents.

Sessions are typically conducted with individual families rather than in groups. Parents and children participate in weekly 60-90 minute sessions (average number of sessions is 10). The program consists of a series of parenting skills designed to help the parent break out of the coercive cycle of interaction with the child by increasing positive attention for appropriate child behavior, ignoring minor inappropriate behaviors, providing clear instructions to the child, and providing appropriate consequences for compliance (positive attention) and noncompliance (time out). Skills are taught using extensive demonstration, role plays, and direct practice with the child in the training setting and at home. Progression from one skill to the next is based upon demonstrated proficiency.

Extensive research has demonstrated effectiveness of this program in helping children successfully adapt. Short-term effectiveness and setting generalization from the clinic to the home have been demonstrated for both parent and child behaviors as well as parents' perceptions of their children. Child compliance and inappropriate behavior have been shown to improve to within the "normal" range by the end of training. Long-term follow-ups up to 11-14 years after training support the effectiveness of the program. High parental satisfaction with the program has been documented.

The Strengthening Families Program For Parents and Youth 10-14

Exemplary Program

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Family Skills Training
10-14 Years

The Strengthening Families Program: For Parents and Youth 10-14 (SFP) resulted from an adaptation of the Strengthening Families Program (SFP), originally developed at the University of Utah. Formerly called the Iowa Strengthening Families Program, the long range goal for the curriculum is reduced substance use and behavior problems during adolescence. Intermediate objectives include improved skills in nurturing and child management by parents, and improved interpersonal and personal competencies among youth, and pro-social skills in youth. Parents of all educational levels are targeted and printed materials for parents are written at an 8th grade reading level. All parent sessions, two youth, and two family sessions use videotapes portraying prosocial behaviors and are appropriate for multi-ethnic families.

The SFP 10-14 has seven two hour sessions for parents and youth, who attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. Four booster sessions are designed to be used six months to one year after the end of the first seven sessions in order to reinforce the skills gained in the original sessions. Youth sessions focus on strengthening goal setting, dealing with stress and strong emotions, communication skills, increasing responsible behavior, and improving skills to deal with peer pressure. Youth Booster sessions focus on making good friends, handling conflict and reinforcing skills learned in the first seven sessions. Parents discuss the importance of both showing love to their youth while, at the same time, setting appropriate limits. Topics include making house rules, encouraging good behavior, using consequences, building bridges, and protecting against substance abuse. Parent Booster sessions focus on handling parents' stress, communicating when partners don't agree and reinforcing earlier skills.

Three controlled, longitudinal studies are underway. The first of these evaluated the Iowa Strengthening Families Program or ISFP (the SFP 10-14 is a revision of the ISFP) with a sample of families of sixth graders. There has been a large number of statistically significant ISFP intervention effects on primary child and parent outcomes through the tenth-grade follow-up assessment, four years following the pre-test. Key findings from intervention versus control comparisons include, but are not limited to: 1) positive effects on parenting behaviors directly targeted by the ISFP through the tenth-grade follow-up; 2) improvement in peer resistance skills and reduction in affiliations with anti-

social peers at the seventh, eighth, and tenth grade follow-ups; 3) lower probabilities of initiating any type of substance use between the seventh and eighth grades, as indicated by latent transition analyses; 4) lower proportions of tenth-grade adolescents reporting lifetime use of alcohol, tobacco, and marijuana; 5) lower rates of growth in alcohol initiation, through the tenth-grade follow-up, as indicated by growth curve analyses; 6) lower past month frequency of cigarette use in the tenth grade.

A second study, now in its second year, includes three groups of families: 1) those whose youth receive the Life Skills Training (LST) intervention in school; 2) those whose families participate in the SFP 10-14, in addition to the LST; and 3) those whose families receive written materials. A third study includes African-American families who take part in the SFP 10-14 or participate in a wait-list control condition.

Multisystemic Therapy Program

Exemplary Program

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Comprehensive
10–18 Years

Multisystemic Therapy (MST) is an intensive family-based treatment that addresses the known determinants of serious antisocial behavior in adolescents and their families. As such, MST treats those factors in the youth's environment that are contributing to his or her behavior problems. Such factors might pertain to individual characteristics of the youth (e.g., poor problem solving skills), family relations (e.g., inept discipline), peer relations (e.g., association with deviant peers), and school performance (e.g., academic difficulties). On a highly individualized basis, treatment goals are developed in collaboration with the family, and family strengths are used as levers for therapeutic change. Specific interventions used in MST are based on the best of the empirically validated treatment approaches such as cognitive behavior therapy and the pragmatic family therapies. The primary goals of MST are to reduce rates of antisocial behavior in the adolescent, reduce out-of-home placements, and empower families to resolve future difficulties.

Several programmatic features are crucial to the success of MST. The use of model service delivery (i.e., low caseloads, a home-based, time limited duration of treatment) removes barriers of access to care and provides the high level of intensity needed to successfully treat youths presenting serious clinical problems and their multi-need families. Second, the philosophy of MST holds service providers accountable for engaging the family in treatment and for removing barriers to successful outcomes. Such accountability clearly promotes retention in treatment and attainment of the treatment goals. Third, outcomes are evaluated continuously, and the overriding goal of supervision is to facilitate the clinicians' attempts to attain favorable outcomes. Fourth, MST programs place great emphasis on maintaining treatment integrity, and as such, considerable resources are devoted to therapist training, ongoing clinical consultation, service system consultation, and other types of quality assurance.

Rigorous evaluation is a hallmark of MST. Well designed randomized clinical trials with chronic and violent juvenile offenders have demonstrated the capacity of MST to reduce long-term rates of criminal activity, incarceration, and concomitant costs. Other randomized trials have demonstrated that favorable outcomes are linked to therapist adherence to the MST treatment protocol. Current studies are examining the effectiveness of MST in treating a variety of serious clinical problems, are evaluating variables that predict the successful dissemination of MST, and are assessing the clinical and cost effectiveness of an MST-based continuum of care.

Parents and Children Training Series: The Incredible Years Training

Exemplary Program

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Comprehensive
3–10 Years

Designed as prevention/intervention programs for parents and teachers of children ages 3–10 years. Short term objectives are to strengthen parenting and teacher competencies by training parents in positive communication and child-directed play skills, consistent and clear limit setting, nonviolent discipline strategies, how to teach their children to problem solve, manage their anger and promote positive parent-teacher partnership and collaboration. The objectives for the children are to strengthen social and academic competence, reduce behavior problems, and increase positive interactions with peers, teachers and parents.

The *Incredible Years, BASIC Parents Training Program* is offered to parents in groups to foster support, problem-solving and self-management. Groups meet for approximately 11–14 weeks to complete the curriculum (2 hours once a week). *The BASIC program* covers topics such as: Play, Helping Children Learn, The Value of Praise and Encouragement, The Use of Incentives to Motivate Children, Effective Limit Setting, and Handling Misbehavior. There are two versions of this *BASIC program*, one for young children (2 to 7 years) and one for early school-age children (ages 6 to 10 years). *The BASIC program* can be supplemented by another training series called Supporting Your Child's Education. This program covers topics such as: Promoting Children's Self Confidence, Fostering Good Learning Habits, Participating in Homework and Using Parent Conferences to Advocate for Your Child. Trained leaders show groups of parents the real-life videotape situations of parents and children and encourage discussion and problem-solving. *The Advanced Parent Training Program* takes an additional 14 sessions and covers topics such as: Effective Communication, Anger Management, Problem Solving and Family Meetings and Ways to Give and Get Support.

The Child Training Program, known as the "Dinosaur Social Skills and Problem-Solving Curriculum" dovetails with the parent training program and takes 22 weeks to complete. The program covers topics such as Learning Rules, Empathy Training, Problem-Solving, Anger Management, How to Be Friendly, How to Talk to Others, and How to Be Successful in School. The tapes are narrated by child-size puppets making use of fantasy, role play and cooperative activities to illustrate concepts.

The Teacher Training Program can be conducted in 36 hours — which may be offered as full day workshops or for shorter periods on a weekly basis. The topics cover: The Importance of Teacher Attention, Praise and Encouragement, Motivating Students through Incentives, Preventing Problems, Decreasing Inappropriate Behavior in the Classroom, Building Positive Relationships with Difficult Children, and how to teach social skills and problem solving in the classroom.

The *BASIC* and *ADVANCED* Parent Training Program and the Child and Teacher Training Program have been researched and extensively field tested in randomized trials over the past 18 years with over 1000 families with young children who have aggressive behavior problems. The BASIC Parent Training Program has also been evaluated with over 700 high risk Head Start families as a prevention program. The Teacher Training Program has been evaluated in two independent studies with head start teachers as well as in studies with teachers of students in grades Kindergarten through grade three. Results indicate that parents and teachers were able to significantly reduce children's problem behaviors and increase their social competence and academic engagement. (References available from program developer).

Training in these programs lead to certification as a group leader. Therapeutic group process emphasizes cultural sensitivity and strategies such as collaboration, empowerment, re-framing, self-management, ways to give and get support, changing negative self-talk and “principle-training.”

The Prenatal and Early Childhood Nurse Home Visitation Program

Exemplary Program

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Family In-Home Support
0-5 Years

The Prenatal and Early Childhood Nurse Home Visitation Program is a well tested model that improves the health and social functioning of low-income first-time mothers and their babies. Nurse home visitors develop a supportive relationship with the mother and family which emphasizes education, mutual goal setting, and the development of the parents' own problem-solving skills and sense of self-efficacy. Beginning in pregnancy, the nurses help women to improve their health behaviors related to substance abuse (smoking, drugs, alcohol) and nutrition, significant risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment. After delivery, the emphasis is on enhancing qualities of care giving for infants and toddlers, thereby preventing child maltreatment, childhood injuries, developmental delay, and behavioral problems. Among the mothers, the program also focuses on preventing unintended subsequent pregnancies, school drop out, and failure to find work resulting in ongoing welfare dependence - factors that conspire to enmesh families in poverty and that increase the likelihood that women will have poor subsequent pregnancies and increase the likelihood for sub-optimal care of children. In order to achieve maximum outcomes in the preceding domains of functioning, nurses work to improve environmental contexts by enhancing informal support and by linking families with needed health and human services.

Using developmentally established protocols, nurses visit families as follows: (a) weekly during the first month following enrollment, (b) every other week throughout the remainder of the woman's pregnancy, (c) weekly for the first six weeks postpartum, (d) every other week thereafter through the child's 21st month, and (e) then monthly until the child reaches age two. Visit protocols focus on five domains of functioning: personal health, environmental health, maternal role, maternal life course development, and family and friend support.

A summary of the major findings on maternal and child outcomes from two randomized clinical trials show a 25% reduction in cigarette smoking during pregnancy among women who smoked cigarettes at registration; 25% reduction in the rates of hypertensive disorders of pregnancy and less severe cases among those with the condition; 80% reduction in rates of child maltreatment among at-risk families from birth through the child's second year; 56% reduction in the rates of children's health-care encounters for injuries and ingestions from birth through child's second birthday; 43% reduction in subsequent pregnancy among low-income, unmarried women by first child's birthday; 83% increase in the rates of labor force participation by first child's fourth birthday; 30-month reduction in AFDC utilization among low-income, unmarried women by first child's 15th birthday.

Preparing for the Drug Free Years

Exemplary Program

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Parent Training
8–14 Years

Preparing for the Drug Free Years (PDFY), a program for parents of children in grades 4 through 8, is designed to reduce adolescent drug use and behavior problems. PDFY's skill-based curriculums help parents address risks that can contribute to drug abuse while strengthening family bonding by building protective factors. PDFY reaches parents before their children begin experimenting with drugs. Sessions focus on family relationships and communication, family management skills, and resolution of family conflict.

PDFY incorporates both behavioral skills training and communication-centered approaches to parent training. Two volunteer workshop leaders deliver the program in five two-hour sessions or ten one-hour sessions. It is recommended that at least one of the workshop leaders be a parent. The sessions are interactive and skill-based, with opportunities for parents to practice new skills and receive feedback from workshop leaders and their peers. Parents learn about the nature of the drug problem as well as how to 1) increase children's opportunities for meaningful involvement in the family, 2) teach behavioral, cognitive and social skills needed for meaningful involvement, 3) provide reinforcement and appropriate consequences for behavior, 4) use family meetings to enhance communication and strengthen family bonds, 5) establish a family position on drugs, 6) reinforce children's refusal skills, 7) express and manage anger constructively, increase children's participation in the family, and 8) create a parent support network.

PDFY has been vigorously evaluated. It is included in the National Institute of Drug Abuse's (NIDA) *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*. It is also a showcase program in the Center for Substance Abuse Prevention's (CSAP) "Parenting Is Prevention" initiative. Long-term results from evaluations of PDFY in Project Family in Iowa and in the Seattle Social Development Project showed significant reductions in children's antisocial behavior, improved academic skills, better bonding to pro-social others, and fewer incidents of drug use in school. Among parents assigned to the PDFY curriculum, intervention targeted parenting behaviors showed significant improvements for both mothers and fathers.

Raising a Thinking Child: I Can Problem Solve (ICPS) Program For Families

Exemplary Program

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Parent Training
4-7 Years

The focus of this program is on developing a set of interpersonal cognitive problem solving skills that relate to overt behaviors as early as preschool. By enhancing ICPS skills, the ultimate goal is to increase the probability of preventing later, more serious problems by addressing the behavioral predictors early in life. In addition to behavioral outcomes, the parent intervention is designed to help parents use a problem solving style of communication that guides young children to think for themselves. The program was originally designed for mothers or legal guardians of African-American, low-income four-year-olds. The program now includes parents of children up to age seven and has been expanded to include middle and upper-middle income populations in the normal behavioral range as well as those displaying early high-risk behaviors. These include those diagnosed with ADHD and other special needs.

The program takes ten to twelve week sessions to complete, although a minimum of six weeks is sufficient to convey the approach. The first section focuses on learning a problem solving vocabulary in the form of games. The second section concentrates on teaching children how to listen. It also teaches them how to identify their own and other's feelings, and to realize that people can feel different ways about the same thing. In the last section children are given hypothetical problems and are asked to think about people's feelings, consequences to their acts, and different ways to solve problems. During the program parents are given exercises to help them think about their own feelings and become sensitive to those of their children. Parents also learn how to find out their child's view of the problem and how to engage their child in the process of problem solving.

Among low-income African-American mothers, one pilot and two hypothesis-testing studies were done with their four-year-olds, and a three year follow-up with mothers and their six to seven-year-olds. Among middle and upper middle income Caucasian families participating in the research and evaluations, relatively normal children with varying degrees of high-risk behaviors, as well as those with ADHD, significantly improved in alternative solution thinking, consequential thinking, and high-risk behaviors both in school and at home. Those trained in kindergarten or kindergarten and first grade also did better in their academic achievements.

Strengthening Families Program

Exemplary Program

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Family Skills Training
6–10 Years

The Strengthening Families Program (SFP) is a family skills training program designed to reduce risk factors for substance use and other problem behaviors in high-risk children of substance abusers including behavioral problems, emotional, academic and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth's social and life skills. It is designed for families with children ages 6 to 10 and has been modified for African-American families, Asian/Pacific Islanders in Utah and Hawaii, rural families, early teens in the Midwest, and Hispanic families. Although originally developed for children of high-risk substance abusers, SFP is widely used for non-substance abusing parents.

SFP provides 14 weekly 2 hour meetings. It includes three separate courses: Parent Training, Children's Skills Training and Family Life Skills training. Parents learn to increase desired behaviors in children by using attention and reinforcements, communication; substance use education; problem solving; limit setting and maintenance. Children learn communication; understanding feelings; social skills; problem solving; resisting peer pressure; questions and discussion about substance use; and compliance with parental rules. Families practice therapeutic child-play and conduct weekly family meetings to address issues, reinforce positive behavior and plan activities together. SFP uses creative retention strategies such as transportation, child care and family meals.

Positive outcomes have been found in a number of independent program evaluations. Outcome results based on pre- post- and 6 month follow-up measures show that the three component design is most powerful. SFP improved child risk status in three areas 1) children's problem behaviors, emotional status and pro-social skills; 2) parents parenting skills; and 3) family environment and family functioning. SFP significantly improved family relationships, family organization, reduced family conflict and increased family cohesion were found. Also, sibling relationships, ability to think of family-oriented activities, clarity of rules and less social isolation by parents were found. Parents reported significantly decreased drug use, depression, use of corporal punishment and increased parental efficacy. Children showed improvements in impulsivity, behaving well at home and fewer problem behaviors in general. Children also report less intention to use tobacco and alcohol.

Structural Family Therapy

Exemplary Program

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Family Therapy
 0–18 Years

In 1975, the Spanish Family Guidance Center (a component of the Center for Family Studies) adopted Brief Structural/Strategic Family Therapy (BSFT) as its core approach (Szapocznik and Kurtines, 1989). One Person Family Therapy, Family Effectiveness Training, Bicultural Effectiveness Training, Structural Ecosystems Therapy and Structural Ecosystems Prevention have all been developed based on the BSFT model. The therapy evolved from a program with Cuban-American families with drug abusing and behavior problem youth, and is currently applied to families from other Hispanic-American groups and African-American families. Structural Ecosystems Therapy, which is an ecosystem version of BSFT is currently being applied and tested in the treatment of families of African-American HIV+ women and caregivers of patients with Alzheimer's disease, in addition to drug abusing youth.

Therapy is tailored to each specific family and delivered to individual families, sometimes in their homes. A basic premise of BSFT is that one important factor giving rise to symptoms such as substance abuse are families' maladaptive ways of relating. Therapists seek to change these maladaptive interaction patterns by choreographing family interactions in session in order to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). Therapists are trained to assess and facilitate healthy family interactions based on cultural norms of the family being helped.

BSFT has been rigorously evaluated in a number of studies with experimental designs. The approaches have been found to be effective in improving youth behavior, reducing recidivism among youthful offenders, and in improving family relationships.

Treatment Foster Care (TFC)

Exemplary Program

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Parent Training
12–18 Years

TFC is a parent training program that works with foster parents to provide 6 month placements to 12-18 year old adolescents referred because of histories of chronic delinquency. The teenagers biological parents (or other guardian) are also worked with intensively during the placement period as well as during a 12 month after-care period. Youth are referred by the juvenile justice system and are at-risk for commitment or have been committed to the Oregon State Training schools. Treatment goals for the youth are to reduce criminal behavior and substance use, improve school attendance and grades, reduce association with delinquent peers, and improve the youngsters ability to live successfully in a family setting. Treatment goals for the youth's family are to increase their parenting skills, particularly their ability to supervise and to use effective discipline strategies, to increase their level of involvement with their youngster, and to help them engage in pro-social activities in the community.

After intensive pre-service training, Treatment Foster parents are contacted daily to monitor youths progress/problems and they attend a weekly meeting where they receive supervision and support. TFC parents implement a daily behavior management program that is individualized for each youth. Each day youth have the opportunity to earn and lose points that translate into long and short-term privileges. As the youth progress through the program the level of supervision and control over their activities is titrated. Youth also participate in weekly individual therapy that is skill-focused and their parents/guardians attend weekly sessions as well. Youth attend public schools where their attendance and performance is tracked on a daily basis. Twenty-four hour, seven-day on-call support is provided to TFC parents and to parents/guardians during home visits and in after care.

The effectiveness of the TFC program has been evaluated in three studies: one comparing participation in TFC to a matched comparison group, one comparing the relative effectiveness of TFC for boys and girls, and the third a randomized clinical trial comparing TFC to group care (GC) placements for boys averaging 14.5 years old who had an average of 13 arrests pre-treatment. In that study boys were assessed at baseline, after they had been placed for 3 months, then every subsequent 6 months throughout two-year follow-up. significantly more of the boys in TFC completed their programs than in GC, they were institutionalized less often, and they had dramatically fewer arrests (less than half the rate of GC boys) in follow-up. In addition TFC boys reported significantly fewer psychiatric symptoms, had better school adjustment, returned to their family homes after treatment more often, and rated their lives as being happier than boys in GC. This model is now being adapted for working with adolescent girls who are referred by the juvenile justice system but who have serious mental health problems.

CEDEN Family Resource Center

Model Program

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Family In-Home Support
0-5 Years

CEDEN (Center for Development Education and Nutrition) provides comprehensive services to promote and strengthen families in need of prenatal, early childhood and parenting education. The agency's programs seek to improve birth outcomes of pregnant adolescents and at-risk women by providing information to reduce the incidence of premature and low birthweight babies. The agency also provides services to prevent and reverse developmental delays, increase positive parenting behaviors, reduce injuries and ensure timely immunizations. CEDEN serves primarily low socio-economic status families and parents with children 0 to 5 years old who have developmental delays or are at risk of becoming developmentally delayed.

CEDEN's services include an early childhood intervention program for children who are severely delayed, or have a medical condition likely to result in developmental delays. CEDEN's home-based programs accommodate family needs by working with children at child care centers, relatives' homes, shelters for homeless or battered women, and other community shelters. Frequency of home visits is based on family needs, ranging from weekly to monthly visits. Parent educators deliver a series of educational materials including: early childhood stimulation activities, age-appropriate activities, basic health and nutrition care, and home safety, and a Pro-Family Curriculum focusing on child development, behavior, and skill building.

Program evaluations demonstrate CEDEN's effectiveness in improving the developmental status of young children with delays. Children participating in the program maintain up-to-date immunizations at a level higher than average for the community. Parents report great satisfaction in learning and using alternative disciplinary methods. They also feel they understand their children better after participating in CEDEN's programs. Parenting classes and support groups help reduce the social isolation of Spanish-speaking mothers by facilitating friendships and boosting self-esteem.

CICC's Effective Black Parenting

Model Program

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Parent Training
2-18 Years

Effective Black Parenting (EBPP), a cognitive-behavioral program, was created to meet the specific needs of African-American parents. It seeks to foster effective family communication, healthy African-American identity, extended family values, child growth and development, and healthy self-esteem. In addition, it facilitates efforts to combat child abuse, substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances. The program is grounded in basic parenting strategies and information appropriate for all socio-economic status levels but especially for parents of children aged 2-12 years old.

The program is taught in two formats: as a class with 15 three-hour training sessions that emphasize role playing and home behavior projects, and a one-day seminar version for very large groups of parents. Black educators and mental health professionals teach a series of basic child management skills using African proverbs, African American linguistic forms and emphasizing African American achievement and competence. In addition, the interactive groups address: Respectful and Rule-Breaking Behaviors; Traditional and Modern Discipline; Black Pride; Black Self-disparagement; Coping with Racism; African Origin Family Values; Preventing Drug Use; and Single Parenting.

The 15-session EBPP was field tested on two cohorts of inner-city African-American parents and their first- and second-grade children. Pre-post changes were compared in a quasi-experimental design with 109 treatment and 64 control families. Findings showed significant decrease in parental rejection, increase in the quality of family relationships, and in child behavior outcomes. A 1-year follow-up indicated that the reductions in parental rejection and in selected child behavior problems were maintained. Both the 15-session and one-day seminar versions have been well-received in African American communities nationwide, as 2000 instructors have already been trained and are using them in schools, agencies, churches, mosques and Urban League affiliates.

Families and Schools Together (FAST) Program

Model Program

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Comprehensive
3-14 Years

FAST is a collaborative parent-professional partnership, early intervention multi-family program for pre-school, elementary and middle school youth, ages 3-14, who are at-risk for alcohol and other drug abuse, school failure, and juvenile delinquency. FAST was developed based on family therapy and family stress theory in 1988 by Dr. Lynn McDonald and Family Service of Madison, Wisconsin. FAST replication is now coordinated through the FAST National Training and Evaluation Center at Edgewood College, Madison, Wisconsin, and dissemination is continued through two state governments (Wisconsin and California) and two non-profit, national organizations (Family Service America and Communities In Schools). FAST is now being implemented in over 450 schools in 31 states and five countries. Recognition of Fast as a model program include the White House Conference on School Safety, (October 15, 1998), Office of National Drug Control Policy, Center for Substance Abuse Prevention, U.S. Department of Education, U.S. Department of Health and Human Service, U.S. Office of Juvenile Justice and Delinquency Prevention, Harvard University and Ford Foundation Innovation in state government, Kraft Food Corporation, DeWitt Wallace Readers Digest Foundation, United Way of America, and the Family Resource Coalition.

FAST develops a structure whereby both the youth and his/her parents have a respected voice and a valued role in the collaborative prevention process. FAST develops separate support networks for the youth and for their parents, using a multi-family format and brings the parent and youth together for communicative encounters. The program strengthens relationships and builds multiple levels of protective factors against school failure, violence, delinquency, and substance abuse. Whole families participate in 8 or 10 weekly sessions of carefully orchestrated, fun, research-based, interactive, family activities. Following the graduation, FAST parents run their own follow up multi-family meetings for two years with support to maintain the social networks.

Results after 8 or 10 weeks show statistically significant improvements in classroom behaviors and at home behaviors (using standardized mental health instruments with established validity and reliability), specifically conduct disorder, anxiety, and attention span, and increases in family closeness and communication, as well as reduced family conflict. After six months, these gains are maintained and there is increased parent involvement in school, increased parent self-sufficiency, and decreased social isolation. FAST improves student behavior and supports family strength through a well-defined collaboration between parents, the school, a local mental health agency, a local provider of substance abuse prevention and intervention services, a youth advocate, and a youth partner.

Focus on Families

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Model Program

Parent Training
 3–14 Years

Focus on Families is designed for families with parents who are addicted to drugs. The program is most appropriate for parents enrolled in methadone treatment who have children between the ages of 3 and 14 years of age. Parents are encouraged to have at least 90 days of methadone treatment prior to beginning the program.

As a result of Focus on Families, parents are expected to have less risk for relapse, to be better skilled to cope with relapse incidents, and to have decreased drug use episodes. Parents objectives are to increase family management skills, anger management skills, refusal and problem solving skills, ability to teach these skills to their children, and the ability to assist their children with academic success. Children will experience less exposure to risk factors and more exposure to protective factors, with the ultimate result being decreased participation in drug use and delinquent behavior.

Eligible families participate in a five hour “family retreat” where families learn about the curriculum, identify their goals, and participate together in trust-building activities. The first session is followed by 32 curriculum sessions (90 minutes each), conducted twice weekly for 16 weeks. Parent sessions are conducted in the mornings, with practice sessions held in the evenings for parents and children together. Content covered includes Family Goal Setting; Relapse Prevention; Family Communication Skills; Family Management Skills; Creating Family Expectations about drugs and alcohol; Teaching Skills to Children; Helping Children Succeed in School. Parent sessions, follow-up, and home-based care management are provided by Masters level therapists.

Parent outcomes showed experimental parents, at all time points for all skill measures (problem solving, self efficacy, social support, family factors, etc.) had significantly higher scores than control group parents and displayed greater self-efficacy than controls at each of the three follow-up time points. At the 6-month follow-up, there were small differences in the number of family meetings favoring experimental families. At the 12-month follow-up, there was a trend level difference, indicating that experimental parents had fewer deviant peers than controls. At 12 month follow-up parents in the experimental group reported a 65% reduction in heroin use frequency compared to control group and were 6 times less likely to use cocaine in the last month than control group parents. Although no statistically differences between experimental and control children were found in the areas of drug use or delinquency at 6 to 12 month follow-up, the direction of differences favored the experimental group in all but one of the comparisons made in these two areas. Secondary analysis of individual items in the delinquency scale revealed that children in the experimental group were less likely than controls to have reported stealing in the 6 months prior to the 6 month interview (26 % vs. 10%. Odds ratio = 0.31, $p < .10$, $n = 77$). At the 24 month follow-up point the direction continues to be in the favored direction and the difference in prevalence of marijuana use in the past month and picking fights in the past 6 months reveals trend level significance.

Healthy Families Indiana

Model Program

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Comprehensive
0-5 Years

Prevent Child Abuse America (PCA America) formerly known as the National Committee to Prevent Child Abuse sponsors the Healthy Families America home visiting initiative in 320 sites across the nation. Indiana has affiliated with Healthy Families America to adopt program standards and replicate the model statewide. The Healthy Families is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services including child development, access to health care and parent education. The program serves families identified as at-risk, with children 0-5 years. Program goals include prevention of negative birth outcomes (low birth weight, substance abuse, criminal activity, child abuse and neglect); increased parenting skills; healthy pregnancy practices; and the use of social systems.

Assessments are conducted either prenatally or at the time of birth. Home visiting can begin either prenatally or within 90 days after birth. The Family Support Worker (FSW) visits at least once a week for up to one year. The FSW helps establish support systems, teaches problem-solving skills, enhances positive parent-child interaction, offers information, education and referrals to community resources. Once a family is in the program, they can receive services for up to 5 years.

In 1992, Healthy Families America moved forward with the home visiting model based on a comprehensive evaluation, using an experimental design was conducted with 372 families in the Hawaii Healthy Start program. The results indicate that early and intensive home visitation by para-professionals produces measurable benefits for participants in the areas of parental attitudes toward children, parent-child interaction patterns and type and quantity of child maltreatment. Mothers who received home visits significantly reduced their potential for physical child abuse and showed significant positive changes in maternal involvement and sensitivity to child cues. Treatment families exhibited more positive parent-child interaction patterns at both six and twelve month assessment points.

Home Instruction Program for Preschool Youngsters (HIPPY)

Model Program

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Family In-Home Support
3-5 Years

The primary goals of the program are to prevent academic underachievement by increasing the degree and variety of literacy in the home. HIPPY's goals include empowering parents as educators and advocates for their children, providing children with school readiness skills, enhancing parent-child interaction, improving parenting skills, bringing literacy into the home, reaching hard-to-reach families, promoting dialogue about the education of young children within the community, and providing employment opportunities in lower-income communities. The program focuses on economically disadvantaged parents and their preschool-age children who are not otherwise involved in parenting programs, or in early childhood networks providing support for parents.

The primary method of instruction in the weekly HIPPY program is role playing, which provides a non-threatening learning environment; promotes parental empathy for the developmental capabilities of young children; is easily managed by trained para-professionals; and allows parents with limited reading ability an opportunity to engage in a variety of learning activities with their children. Language skills are developed through activities such as listening, asking and answering questions, and picture reading. Problem solving skills are developed through use of pre-math activities in which children learn spatial relationships, attributes, and quantities, as well as through playing matrix games, sequencing and categorizing. Games which teach and practice visual, auditory and tactile discrimination skills are designed to promote imagination, creativity, problem-solving, critical thinking, and other skills.

Evaluations on classroom adaptation, para-professionals' growth and development, program implementation, model validation, and children's outcomes at end of second grade have all shown positive effects from participation in the program. Broad differences in measured competence and classroom behavior favoring HIPPY children over children with no formal preschool experience were found. There were no differences between HIPPY children and children with other types of formal preschool experience.

Home-Based Behavioral Systems Family Therapy

Model Program

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Family Therapy
6-18 Years

This program is based on the Functional Family Therapy Model. Long-range objectives include: reduced child involvement in juvenile justice system; reduced self-reported delinquency; reduced teen pregnancy; reduced special class placement; increased graduation rates; increased employment. Intermediate objectives include: decreased family conflict; increased cohesion; improved communication; improved parental monitoring, discipline, and support of appropriate child behavior; improved problem-solving abilities; improved parent-school communication; improved school attendance and grades; improved child adjustment. Dr. Gordon's adapted model has been applied to multiply offending, institutionalized delinquents, and targets families with lower educational levels and higher levels of pathology than the original model developed. Modifications were made for families in Appalachia and for inner-city African American families.

The program is delivered in 5 phases: Introduction/Credibility; Assessment; Therapy; Education; and Generalization/Termination. In the early phases, therapists are less directive and more supportive and empathic than in the later phases, when the family's cooperation and resistance is more conducive to increased therapist directiveness. Percentage of therapist-family contact time devoted to each phase is approximately: 5% Introduction; 15% Assessment; 45% Therapy; 25% Education; and 10% Generalization/Termination.

The first evaluation was based on treatment of twenty-seven 14 to 16-year-old, court-selected delinquents who were considered likely to recidivate and/or to be placed out of the home. After a two to two-and-a-half year follow-up period, recidivism for the treatment group was 11% vs. 67% for the control group. The subjects in this study were followed for another 32 months into adulthood. The treatment group showed a 9% recidivism rate for criminal offenses vs. 45% for the control group. The second evaluation was conducted with forty juveniles referred to the treatment program because they were the most serious, chronic offenders in the county. Upon an average of 18 months following the end of treatment, 30% of treated delinquents re-offended and 12% required another institutional commitment. A constructed statistical control group, based upon risk of recidivating, would be expected to have a 60-75% recidivism rate, and a recommitment rate of 50-60%. The large difference between actual and expected rates indicate a robust treatment effect, not due to chance.

HOMEBUILDERS

Model Program

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Comprehensive
0–18 Years

The HOMEBUILDERS Program is one of the best documented Intensive Family Preservation Programs in the country. The program is designed to break the cycle of family dysfunction by strengthening families, keeping children safe, and preventing foster care, residential and other forms of out-of-home placement. The program goals include improving family functioning; increasing social support; increasing parenting skills; improving school and job attendance and performance; improving household living conditions; establishing daily routines; improving adult and child self-esteem; helping clients become self-directed; and enhancing motivation for change while decreasing family violence. The program is designed for the most seriously troubled families, who are referred by a number of child service agencies. Populations served include newborns to teenagers.

The program includes 4–6 weeks of intensive, in-home services to children and families. A practitioner with a caseload of two families provides counseling, hard services, developmental community support, and spends an average of 8–10 hours per week in direct contact with the family, and is on call 24 hours a day, seven days a week for crisis intervention. The program utilizes a single practitioner model with a team back-up for co-therapy and consultation. Teaching strategies involve modeling, descriptions of skills and behaviors, role plays and rehearsals of newly acquired skills. Teaching tools include skills-based video- and audio-tapes, work books, handouts, articles and exercises. Therapeutic processes used are skill building, behavioral interventions, motivational interviewing, relapse prevention, rational emotive therapy, and other cognitive strategies.

HOMEBUILDERS has been evaluated both formally and informally since it began in 1974. Results from studies using single group and quasi-experimental designs have shown repeated positive findings favoring HOMEBUILDERS on a variety of measures focusing on placement prevention as well as child and family functioning.

MELD

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Model Program

Parent Training
0-5 Years

MELD is a community-based parent education program that uses group-based service to deliver quality parent education and to replace the sense of community connectiveness that is missing in families' lives. Parent facilitators are drawn from the local community and act as both facilitator and "mentor," demonstrating that high standards of family success can be achieved within their culture and community. These facilitators are carefully recruited and trained, and are provided ongoing support and supervision from the local MELD Site Coordinator who MELD certifies to manage MELD programs.

MELD targets parents of preschool children and has been adapted to meet the needs of young, single mothers or single fathers, Hispanic and Southeast Asian parents, children, deaf and hard of hearing parents, first-time adult parents, and parents of children with special needs. MELD's curriculum and learning processes are usable by parents who are not highly literate, and recognizes and addresses everyday concerns of low-income parents.

MELD support peer groups meet for two years typically twice a month or as often as once a week. Using a carefully developed curriculum, the groups are facilitated by volunteers from the community who are carefully recruited and trained, and are provided ongoing support and supervision from a local MELD professional, who is certified in managing MELD programs. The comprehensive curriculum discusses health, child development, child guidance, family management, use of community resources, home and community safety, balancing work and family, and other issues related to the parenting needs of the target group.

MELD's success is secured by its careful replication processes which has moved the program into over 150 communities. Training, technical assistance and curriculum focus on quality program development and the achievement of program outcomes. A seven site study of the MELD for Young Moms program demonstrated a positive and significant shift in attitudes and beliefs toward parenting and nurturing children. Results include: (1) more appropriate expectations of child's abilities; (2) increased empathic awareness of child's needs and appropriate response; (3) reduced belief in the value of corporal punishment; (4) awareness that the child does not exist to please and love the parent, rather that the parents' purpose is to respond to the needs of the child. These attitudes are notably linked to what is known about characteristics of parent-child relationships that prevent juvenile delinquency. Other MELD programs produce similar results, with evident impacts on reduction of isolation, decreased depression and increased knowledge of child development.

Nurturing Parenting Program

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Model Program

Family Skills Training
1-18 Years

The Nurturing Parenting Programs are validated, family-centered programs designed to build nurturing skills as alternatives to abusive parenting and child rearing attitudes and practices. The ultimate outcomes are to stop the generational cycle of child abuse by building nurturing parenting skills; reduce the rate of recidivism; reduce the rate of juvenile delinquency and alcohol abuse; and lower the rate of multi-parity teenage pregnancies.

Based on a re-parenting philosophy, parents and children attend separate groups that meet concurrently with cognitive and affective activities designed to build self-awareness, positive self-concept/self-esteem and empathy, to teach alternatives to yelling and hitting, enhance family communication and awareness of needs, replace abusive behavior with nurturing, promote healthy physical and emotional development and teach appropriate role and developmental expectations.

Thirteen different programs address specific age groups (infants, school-aged and teens), cultures (Hispanic, South East Asian, African American), and needs (special learning needs, families in alcohol recovery). Group based sessions run from 2 to 3 hours once a week for 12 to 45 weeks. Programs can be implemented in group or home sites. The program includes parenting skills and self-nurturing activities, home practice exercises, family nurturing time, and infant/toddler/preschooler activities and a family hug. The program is designed for all families at risk for abuse and neglect, with children 0-19 years old. In addition, the program has been adapted for Hmong, Hispanic and African American families.

The initial Nurturing Program for Parents and Children 5-11 years has been extensively field tested. The research included 121 abusive adults and 150 abused child. Significant increases were found in parenting attitudes of both parents and children; Personality characteristics of both parents and children; and Family Interaction Patterns. The subsequent development and validation of additional Nurturing Programs have shown similar results. Participants show significant pre-post changes in parenting attitudes and child rearing practices.

Parents Anonymous

Model Program

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Comprehensive
 0-18 Years

Dedicated to strengthening families through mutual support, Parents Anonymous, Inc. is the nation's oldest and largest child abuse prevention, education and treatment program. Meeting weekly with other parents and a trained facilitator, parents learn to use appropriate resources and to build supportive, positive peer relationships for themselves and their children. Parents Anonymous welcomes any parent or adult in a parenting role who feels stress and concern about their parenting ability and seeks support, information and training. Complementary children's programs are offered concurrently with the parent groups.

The Parents Anonymous group model is based on the belief that parents are the most effective agents of their own change and the model builds on the strengths of parents who attend. Parents Anonymous principles of shared leadership, mutual support and personal responsibility have contributed to the success of the program. In addition, the model incorporates the theories of adult learning styles, group dynamics and psychological development. Weekly two-hour groups are co-led by a parent group leader and a volunteer facilitator. Parents determine the agenda at the beginning of each meeting. The topics covered are pertinent and of immediate value to those in attendance. Basic parenting skills such as communication and discipline are discussed at every meeting. Group members offer 24 hour support to parents when they experience stress or crises. Children's program activities help children gain skills in conflict resolution, appropriate peer interactions, identifying and communicating thoughts and emotions, and increasing self-esteem.

Parents Anonymous has been independently evaluated and when compared to 11 other programs has been found to be most successful in parent satisfaction, child welfare outcome and cost effectiveness. Another study found an almost immediate decrease in reported frequency of physical abuse. Parents developed feelings of competence in their parenting role and ability to deal with stress. Length of time in the program was significantly correlated to increased self esteem, reduced social isolation and increased members' knowledge about children's behavior and development.

The NICASA Parent Project

Model Program

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Parent Training
0-18 Years

The NICASA Parent Project was designed specifically to meet the needs of working parents and the workplace environment to address issues in effective prevention. The goals of the program are to enrich family relationships and promote healthy environments that build resistance to social and personal dysfunction. Specifically, it focuses on the need to establish supportive networks among working parents; improve parent/child relationships; increase ability to balance work and family life; improve corporate climate for workers; and improve parent skills in preventing and identifying substance abuse problems in themselves and their children.

The NICASA Parent Project includes programs for parents with children of the following ages: birth to three, three to five, five to ten, and eleven to seventeen. The program has also been modified and piloted at three work sites to address specific issues related to single working parents. The program is presented at lunch time at a work site. At each developmental level, the program addresses issues common to all parents such as balancing work and family, communication, discipline, learning styles, sibling relationships, sex role conditioning, substance abuse and others. The program also focuses on specific developmental stage issues such as child care, tantrums, sleeping and eating patterns, communicating with school personnel, peer pressure and establishing family substance use policies for elementary school children, school performance, male/female relationships and increasing levels of responsibility for adolescents.

In a longitudinal study of 191 parents using a quasi-experimental design, parents in a high dosage group showed significant and enduring changes in child behaviors, rated child behavior more positively, parenting practices and knowledge changed significantly in desired direction and parental punitiveness and irritability declined. Also, parental stress and depression were reduced in parents and there were positive increases in substance abuse knowledge and negative attitudes toward drugs for parents who received high dosage levels of the program.

Parenting Adolescents Wisely

Model Program

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Parent Training
6-18 Years

Parenting Adolescents Wisely (PAW) is an interactive CD-ROM program designed for families at risk with children from early elementary to high school age. Video programs which overcome illiteracy barriers meets the needs of families who don't usually attend or finish parenting education. PAW is based on social learning theory, family systems theory, and cognitive theory. PAW seeks to help families enhance relationships and decrease conflict through behavior management and support. It enhances child adjustment and potentially reduces delinquency, substance abuse and involvement with juvenile justice system. In addition, PAW builds parental confidence in parenting skills. It seeks to improve communication, problem solving and parent-school communication while improving school attendance and grades and reducing disciplinary infractions.

Through a self-administered, self-paced CD-ROM program parents view video scenes of common family problems. For each problem parents choose a solution and see it enacted and listen to a critique. The video program covers communication skills, problem solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervising children hanging out with peers who are a bad influence, step-family problems, single parents issues, violence, and others. The program is designed to be used by parents totally unfamiliar with computers as well as those with experience. The program takes only one to two sessions lasting approximately three hours.

A pre/post-test evaluation format was used which showed that parents had improved knowledge of parenting principles, use of appropriate parenting skills and decreased child behavior problems. Almost half of the teens who scored in the clinically deviant range of the Eyberg Child Behavior Inventory had moved into the functional (normal) range of child behavior. A third evaluation showed the same kinds of changes as found in the first two studies, except the magnitude of changes in child behavior problems was greater. Problem behaviors had dropped to half of the previous rate one, three, and six months after the parents used the program. A control group showed no changes.

Strengthening Hawaii Families

Model Program

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Family Skills Training
5-12 Years

Strengthening Hawaii Families (SHF) is a cultural values-based primary prevention program that was developed by the Coalition For A Drug-Free Hawaii. SHF seeks to reduce and ultimately prevent such problems as substance abuse, domestic violence, and gang involvement by reducing risk factors and increasing resiliency factors in the family and community. The SHF program provides the tools and the process for elementary-school aged youth (ages 5 to 12) and their families to build on existing family strengths through values clarification, family skills-building, and nurturing connections among families and their community.

SHF is implemented as a 14-session series for eight to ten families attending weekly two hour meetings. Trained facilitators provide families with the opportunity to discover for themselves what will work best based on their values and vision. Topics include: connecting with one another; exploring and practicing family values; cultural and generational continuity; family vision; family resilience; communication; making choices; problem-solving; decision-making, anger management and stress management; wellness including substance abuse prevention, and healthy lifestyle choices; and 'ohana (family) time.

SHF has been shown to have a positive impact on the families that participated. The University of Hawaii Social Welfare Evaluation and Research Unit (SWERU) found significant improvement in family cohesion, family organization, and family communication; and a significant decrease in family conflict as well as decrease in parental depression. Follow-up research done by SMS, Inc. to determine long-term impacts of participation found that past participants reported better relationships among family members, a clearer understanding of parental roles, more awareness of children's needs, improved behaviors for children, and general improvement in communication skills for all family members. Participants also remarked on the amount of bonding and fellowship that accompanied each SHF session.

Bethesda Family Services Foundation

Promising Program

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Comprehensive
10-18 Years

Bethesda Family Services Foundation seeks to provide comprehensive individual and family centered treatment to pre-adjudicated and adjudicated juveniles. The program serves youth between 10-18 years old who have committed status and delinquent offenses. Bethesda offers a unique blend of treatment and intervention for the whole family during nontraditional hours. The program seeks to provide values oriented treatment to youth that prepares them for re-entry into mainstream society.

This program provides comprehensive services designed to meet every type of need including: licensed after school and evening day treatment, individualized alternative education, family-systems counseling, licensed substance abuse counseling and licensed short-term foster care. Clients receive at least six months treatment which may include as much as 55 hours of treatment each week. Home visits and Bethesda's Family Systems counseling are part of each clients weekly schedule. Parent meetings and training workshops are held monthly. Case managers individually tailor the program to meet the client's needs for individual, group or family based treatment modalities.

Bethesda's treatment programs utilize a strategic systems approach which is effective in bringing all agency staff into harmony by uniting them toward achieving the same treatment goals for each individual client. Bethesda's Normative Systems approach is established to structure and control the behavior of the youth in the program. Bethesda's Family Systems Counseling is cognitive-behavioral therapy which addresses the root causes of the youth's behavior by resolving the relational conflict within his/her family. Both systems of treatment have been successful in helping the Bethesda program to fulfill its mission of "healing America's families."

Preliminary studies show significantly reduced recidivism rates for participants in this program. In addition, significant positive changes in client attitudes, behaviors, self awareness and personal relationships have been shown. Other studies are currently underway. Bethesda's methods of intervention are so powerful and compelling that the program has been featured four times on national television documentaries, including the 1996 Father's Day special called Bad Dads produced by Arnold Shapiro and hosted by George Foreman.

Birth To Three

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Promising Program

Parent Training
0-10 Years

Birth To Three is a nationally recognized community-based parent education program designed for a broad range of parents with infants and young children. Their primary goal is to strengthen families, ensure the well-being of children and help prevent child abuse. This is accomplished through parent education, peer support groups and support services.

Within this organization there are group based programs for parents with different needs (e.g., parents of infants, one year olds and two year olds, teen parents, parents who are highly stressed, and parents whose primary language is Spanish.). In the Incredible Infant Program, a parent educator facilitates a 10 session, five month parenting confidence curriculum that covers birth experiences, stress/anger management, early childhood development, adult relationships, health and safety, parenting strategies, group agreements, play and learning, baby massage, and child care issues. Other programs available include: Wonderful ONEs, Terrific TWOs, Teen Parents (age 12-21) *Make Parenting a Pleasure* (children birth-8). *Make Parenting a Pleasure* is based on a curriculum developed by Birth To Three where parents learn practical stress management and communication skills, gain greater understanding of their child, learn effective parenting skills and positive approaches to discipline, and build a support network. This curriculum for highly stressed parents of young children is being disseminated nationally and internationally.

The Birth To Three *Incredible Infant Program* uses pre-and post-questionnaires to assess parenting knowledge, social support systems, parental stress, and program satisfaction. Self-report data suggests that 95% learned new parenting skills, 94% learned about child development, 93% got support and understanding for their feelings, and 81% learned positive ways of discipline.

The preliminary evaluation for *Make Parenting A Pleasure* showed a reduction of parent stressors on the Parenting Stress Inventory (PSI), and reduction of problems in the family, as well as reduction on the abuse, stress and rigidity scales on the Child Abuse Potential Inventory (CAPI).

Families in Focus

Promising Program

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Family Skills Training
 8-14 Years

Family Solutions is a family skills training program designed to strengthen the family unit and prevent social and behavioral problems by helping families help themselves. Over the past 12 years the program has been replicated in communities throughout the United States, Latin America and other locations abroad. The program is grounded in family systems theory and core outcome measures. There are three central dimensions of family behavior: Adaptability, Cohesion, and Communication.

Initially the program was designed for high-risk youth ages 8-14. However, the program has proven its effectiveness with pre-schoolers, elementary, secondary, high school populations, incarcerated individuals and their families, as well as the general population. The program has been used with Hispanic families, Vietnam veterans, single parents, prison inmates and others. The Family Solutions Home Learning Guide is a 24 lesson study guide which contains activities, stories, concepts, and assignments. A Family Survey Questionnaire, once complete and charted, directs the family to a specific activity based on their family needs. The family forms long and short term goals and a step-by-step plan is developed to assure these plans are realized.

Evaluation reports from many communities indicated improved family functioning, increased love and communication between parents and children, empowered parents to make decisions and improved ability of the family to work together. With incarcerated inmates and their families the program has helped improve the transition back into the family and community and significantly reduce recidivism.

Family Support Program

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Promising Program

Parent Training
12–15 Years

The Truancy, Youth Violence and Substance Abuse Prevention program was developed to answer the need in Franklin County for coordination of efforts to prevent youth violence, involvement with drugs and alcohol and other unlawful acts. After investigating the problem in the Franklin County communities and researching the contributing factors to juvenile delinquency it was decided that truant children should become the focus of our efforts.

Through the program school age children in grades K–12 who display tendencies toward truancy are targeted. Two Resource Counselors are hired to act as case managers. A Truancy Response Team (TRT) is assembled with representation from community agencies who provide services to children. If a student continues truancy problems after introducing some school based interventions the resource counselors bring the case to the TRT. The team will then make recommendations for further services or possible intervention through the Juvenile and Domestic Court. The resource counselors are charged with the responsibility of seeing that the recommendations of the TRT are implemented. The resource counselors also work with the TRT to coordinate services for the students and their families. A variety of services are offered including individual and group counseling for the students, family counseling, parenting classes, and specific diversion programs for anger control, drug and alcohol abuse, shoplifting and other unlawful acts. The desired outcome is to reduce truancy and provide coordinated services to students at risk for delinquent behaviors. The programs service options have been enhanced through the addition of a new parent workshop called “The Class Action Parent Program.” This workshop provides parents with an understanding of the legal ramifications of their child’s involvement in the youth crime and violence.

The Truancy, Youth Violence and Substance Abuse Prevention Program has a written an evaluation plan including process, outcome and impact. The resource counselors along with the project director will coordinate the evaluation. Key components they will report on include reviewing court records, school absences, grade averages, number of families meeting their goals, use of community resources, impact of Class Action Program and other information.

First Steps/Fremont County Family Center

Promising Program

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Family In-Home Support
0-5 Years

First Steps offers comprehensive child development and parenting services for families with children from birth to school age, using a home visiting and center-based format. The program supports parents in their role as their child's first and most important teacher. First Steps operates as part of comprehensive services offered at the Fremont County Family Center. The Family Center also houses interagency collaborative services with child care and support groups and parenting classes. Even Start and GED courses attainment are also offered.

The program uses the Parents As Teachers curriculum, enhanced to include a service coordination component and is designed to increase parenting skills, the family's ability to deal with stressors, the family's use of community services and health care and to decrease the incidence of child abuse. The program is being customized for Latino/Hispanic and African American families.

First Steps provides one hour home visits, play groups, workshops and other specialized services for families with children under school age. Monthly home visits provide parents with information on child development, safety, community services and learning activities. Play groups, facilitated by home visitors, therapists and special educators, are scheduled four times a week for children birth through age five, their siblings and parents.

The first year, preliminary evaluation examined project effectiveness on 35 newly enrolled families. Information for this first year was limited to preliminary insights about changes in parenting abilities and parent satisfaction. Data from matched pre- and post-test Adult-Adolescent Parent Instrument (AAPI) suggest the program has a positive impact on parenting knowledge, skills and attitudes. Findings from Parent Satisfaction Surveys indicate increased parent ability and knowledge.

Health Start Partnership and CARES Parenting Program

Promising Program

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Comprehensive
0–5 Years

Health Start's parenting programs are an outgrowth of the agency's prenatal and pediatric services. Risk factors that indicate a need for services in the Partnership Project include: negative feelings about the pregnancy, limited support, personal history of maltreatment and/or out-of-home placement, conflicts including abuse by a partner/spouse, social isolation, economic stress, unmet personal needs and /or chaotic family systems.

Women are enrolled in late pregnancy or as early postpartum as possible. The Partnership program works with cohorts of 8-12 women with infants born within a few months of each other. Partnership clients meet every other week, with home visits on alternate weeks, for about two years. The CARES group, a similar intervention for substance abusing women, is always open to new members. Enrolled children range in age from newborn to five years and families "graduate" when the last drug-exposed child is enrolled in kindergarten. CARES provides regular home visits and weekly support groups, with medical care and lunch provided on site. Transportation is provided for all groups.

The program design is rooted in attachment theory and includes three essential components: home visits, support and education groups, and medical care. The overall goal of the project is to foster secure mother-infant attachments by encouraging responsive parenting. This is accomplished through efforts to help mothers understand child development, form realistic expectations, learn to respond to infant cues, gain perspective on their own childhood issues and their role as a parent, and find and learn to use social support.

Following the initial project, data for intervention mothers was compared with baseline data for clients with similar prenatal risk-scores and with a control group. The control group was matched for age, race, marital status, and scores on prenatal risk assessment as well as intervention criteria that further assessed psycho-social risks. A comparison of abuse/neglect rates among the three groups examined found a baseline rate of 16%, a control group rate of 30% and an intervention rate of 8%. Because 50% of women enrolled in the first intervention became pregnant again within 12 months, this issue was addressed in subsequent projects. This was reduced to 12% who became pregnant again within a year after the birth of the first child and 21% within 18 months. In addition, all children who remained with the project until its completion were fully immunized by 30 months of age or were up to date on immunizations at the time the project ended.

Home Base Program/Coordinated Children's Services Initiative

Promising Program

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Comprehensive
0-18 Years

Home Base is designed to deliver wraparound services to families and provide coordinated, community based services and supports to children with emotional and behavioral disabilities and their families. The primary goal is to prevent residential placements of these children (ages 5-18 years old).

Individualized care plans are developed for families with attention to specific family needs and existing family strengths and abilities. Objectives are: 1) to focus on strengths and partnership, 2) to create an appropriate level of intensity using the natural environment and wrapping services around a child, 3) to create a range of non residential and residential services, 4) to ensure new expectations of professional behavior and shape definitions of appropriate agendas, 5) to ensure that children receive appropriate mental health services 6) to teach empowerment skills to families so that they can set their own goals and restore a sense of responsible self-control to their lives. Many of these children are also learning disabled. Over half of the children are on probation. Home Base has prevented residential placement for over 80% of their case children.

In-home alcohol and substance abuse counseling is provided. Parent advocates work with parents and teach them how to interact with their children. Peer advocates work with children encouraging them to utilize prosocial skills and educate them about drugs and alcoholism. Peer advocates are typically young adults with an emotional history similar to the case child. School liaisons work with the school to provide the best possible educational program for children.

Training is based on Cornell University's Family Development Credentialing Training Program. This program provides workers with the skills they need to empower families to attain a healthy self reliance and interdependence with their communities. Competencies in the following areas are addressed in this curriculum: worker self-empowerment, building mutually respectful relationships with families, communication, cultural competence, ongoing assessment, home visiting, accessing specialized services, facilitating family conferences, collaboration. Families are taught how to become more focused by using their own strengths to set and reach their own goals. The curriculum is presented through interactive training.

Project SEEK

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Promising Program

Comprehensive
0-18 Years

Project SEEK - Services to Enable and Empower Kids - is an innovative prevention program serving children with a parent in prison. The program targets young children (0-11 years of age) of state prisoners who are serving a sentence of seven years or less. The program is designed to reduce the probability that children of inmates will participate in delinquent or criminal activities and break the intergenerational cycle of criminality.

The program has four major components: 1) Home visits 2) Advocacy and Referral 3) Support Groups (children, adolescents and care giver) and 4) Communication with the inmate. Intermediate objectives are: 1) to promote social competency, cognitive development, emotional well-being, and family stability of children, 2) to improve the child's care giving environment by a) promoting the psychological and physical well-being of care givers, b) increasing their ability to meet basic needs, c) improving parenting practices, d) maintaining the parent-child relationship, when appropriate while the inmate is incarcerated, and e) assisting with family issues of reintegration to the time of inmate's release.

The evaluation of Project SEEK is through a longitudinal study using an experimental design. A total of 215 families with 371 children participate in the evaluation. Data is collected at a pretest, six months after intake, and yearly thereafter from multiple sources. Participant satisfaction data, qualitative data, and objectives/problems checklists have been collected. Only preliminary analyses have been completed at this time. Positive trends for service vs. control youth, are identified in increased cognitive skills, academic self esteem, internal locus of control, lower recidivism for inmates, and significantly fewer number of times children changed schools in the first 12 months after intake.

Strengthening Multi-Ethnic Families and Communities

Promising Program

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Parent Training
3-18 Years

Strengthening Multi-Ethnic Families and Communities Program is a unique integration of various prevention/intervention strategies geared toward reducing violence against self, the family and the community. The program targets ethnic and culturally diverse parents of children aged 3-18 years who are interested in raising children with a commitment to leading a violence-free, healthy lifestyle.

The program goal is to reduce drug/alcohol use, teen suicide, juvenile delinquency, gang involvement, child abuse and domestic violence. Short term objectives are to increase parent sense of competence, positive family/parent/child interactions, positive parent/child relationships, child self-esteem and self-discipline, child social competency skills and increased parental involvement in community activities. Parent training classes have been held at a variety of locations: churches, schools, community agencies and other locations. The program consists of twelve 3-hour sessions taught in consecutive weeks. The curriculum includes five major components: Cultural/Spiritual Focus; Rites of Passage; Positive Discipline; Enhancing Relationships; and Community Involvement. Materials are available in English, Spanish, Vietnamese, and Korean. Cambodian and Russian translations are being completed.

A pre- post test design has been used to evaluate over 100 parent classes. The largest study of 22 parent groups (N=357) showed significant improvements in parent sense of competence, family/parent/child interactions, and child competence and behavior. Participation in the program had a direct impact on increasing parent involvement in the areas of "Community Activities", "Political Issues" and "School Involvement". Reports show that the program helps with child rearing challenges, encourages family bonding, promotes pride in cultural heritage, supports community bonding and reduces life-threatening risks for children.